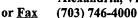
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FLE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

Dirk Vetter

Topo ol/05/2005

Jordan and Hamburg
122 East 42nd Street
New York, NY 10168

02/08/2005 FMETEKI2 00000015 101250 09720284

01 FC:2501 700.00 DA

FILING DATE

12/21/2000

APPLICATION NO.

09/720,284

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

OFM	& Bruce	(Depositor's name)	
		3, 2005	(Signature)
	February	(Date)	
			
FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.

1055

F-6765

TITLE OF INVENTION: DEVICE FOR CARRYING OUT AN ALMOST SIMULTANEOUS SYNTHESIS OF A PLURALITY OF SAMPLES

APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	. \$700)	\$0	\$700	04/05/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS	ק		
HANDY, DWAYNE K		1743		422-131000	-		
CFR 1.363).	e address or indication of "F	,		nting on the patent front page, I	. + 1	and Hamburg LI	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.		Correspondence	or agents OR, alternatively, (2) the name of a single firm (having as a member a 2				
		ation form e of a Customer					
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT	Γ (print or type)	· · · · · · · · · · · · · · · · · · ·	•	
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be a 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app T a substitute	ear on the patent. If an assign for filing an assignment.	nee is identified below, the o	document has been filed for	
	CC	(B	n residenc	CE: (CITY and STATE OR CO	I INITO VI		
(A) NAME OF ASSIGN	EE	(1)	, idebibling	CE. (CITT MIN STATE OR CO	ONIKI)		
• •	Pharmeceutical			SE. (CITT MIN STATE OR CO	Heidelberg, Ger	many	
Graffinity Please check the appropriate	Pharmeceutical	l Design G	mbH	atent): Individual \(\textbf{X}\)C	Heidelberg, Ger	•	
Graffinity Please check the appropriate 4a. The following fee(s) are	Pharmeceutical	L Design G	mb H	natent): 🗖 Individual 👪 C	Heidelberg, Ger	•	
Graffinity Please check the appropriate 4a. The following fee(s) are Issue Fee	Pharmeceutical assignee category or categor enclosed:	L Design G ries (will not be pri	mbH inted on the p	natent): 🗖 Individual 👪 C	Heidelberg, Ger	•	
Graffinity Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No s	Pharmeceutical assignee category or categor enclosed: mall entity discount permitte	L Design G ries (will not be pri	mbH inted on the p D. Payment of	natent): Individual IXC	Heidelberg, Ger	•	
Graffinity Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No s	Pharmeceutical assignee category or categor enclosed:	L Design G ries (will not be pri 4b	inted on the p Payment of A check Payment	ratent): Individual XXC Fee(s): in the amount of the fee(s) is er by credit card. Form PTO-203	Heidelberg, Ger corporation or other private gr aclosed. 8 is attached.	oup entity Government	
Graffinity Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of	Pharmeceutical assignee category or categor enclosed: mall entity discount permitte	L Design G ries (will not be pri 4b	inted on the p Payment of A check Payment	ratent): Individual XXC Fee(s): in the amount of the fee(s) is en	Heidelberg, Ger corporation or other private gr aclosed. 8 is attached.	oup entity Government	
Graffinity Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of	Pharmeceutical assignee category or categor enclosed: mall entity discount permitte Copies	L Design G ries (will not be pri 4b d)	inted on the p D. Payment of A check Payment Directory Acceptable	ratent): Individual XXC Fee(s): in the amount of the fee(s) is er by credit card. Form PTO-203	Heidelberg, Ger corporation or other private gr aclosed. B is attached. charge the required fee(s), or(enclose an extra c	credit any overpayment, to opy of this form).	
Graffinity Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of 5. Change in Entity Status a. Applicant claims S.	Pharmeceutical assignee category or categor enclosed: mall entity discount permitte Copies (from status indicated above MALL ENTITY status. See 3	L Design G ries (will not be pri 4b d)	inted on the p Description A check Payment The Direct Deposit Acc	Fee(s): in the amount of the fee(s) is er by credit card. Form PTO-203 ector is hereby authorized by count Number 10-1250	Heidelberg, Ger corporation or other private gr aclosed. B is attached. charge the required fee(s), or certain (enclose an extra c	credit any overpayment, to opy of this form). FR 1.27(g)(2).	
Graffinity Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of 5. Change in Entity Status a. Applicant claims S.	Pharmeceutical assignee category or categor enclosed: mall entity discount permitte Copies (from status indicated above MALL ENTITY status. See 3	L Design G ries (will not be pri 4b d)	inted on the p Description A check Payment The Direct Deposit Acc	ratent): Individual FC Fee(s): in the amount of the fee(s) is er by credit card. Form PTO-203: cotor is hereby authorized by count Number 10-1250 ant is no longer claiming SMA y) or to re-apply any previously other than the applicant; a reg	Heidelberg, Ger corporation or other private gr aclosed. B is attached. charge the required fee(s), or certain (enclose an extra c	credit any overpayment, to opy of this form). FR 1.27(g)(2).	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.